

REQUEST FOR REFUND**VIA FACSIMILE: (703) 308-5077**

Mail Stop 16
Refund Section
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby requests refund of the below-mentioned fee. This fee was incorrectly charged to our deposit account and the charge is not ours.

<u>Date</u>	<u>Seq</u>	<u>Serial No.:</u>	<u>Atty. Docket No.</u>	<u>Fee Code</u>	<u>Amount</u>
2/15/05	3	10/673,997	GCSD-1481 (51343)	1801	\$790.00

Please refund the above amount to Deposit Account No. 14-0603.

Respectfully submitted,



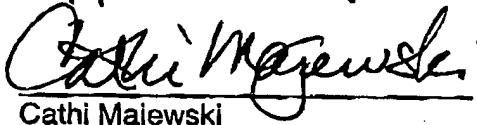
Cathi Majewski

Authorized User of Deposit Acct. No. 14-0603

Warrenville, IL 60555
Date: March 1, 2005
Telephone: (630) 753-3400

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that this **REQUEST FOR REFUND** is being facsimile transmitted to the Patent and Trademark Office on or before 3/1/05 to (703) 308-5077.

Date: 3/1/05

Cathi Majewski

Adjustment Date: 06/27/2005 SDIRETA1
02/15/2005 L WASHING 00000003 140603 10673997
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THE FOLLOWING FILE(S) ERASED

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SECOND REQUESTAttn: Lathrice Sims - Refund Branch
USPTO

fax#: 703-308-5077

ERRORS

1) HANG UP OR LINE FAIL 2) BUSY 3) NO ANSWER 4) NO FACSIMILE CONNECTION

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